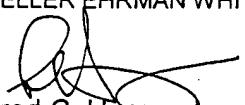


U.S. PTO
10/643280
08/18/2003

TRANSMITTAL OF UTILITY APPLICATION UNDER 37 C.F.R. §1.53		Attorney Docket No. 39569-2667
		First named inventor K. Siminou
		Express mail label # EV175668860US
		Date of mailing <u>August 18, 2003</u>

Application Elements	Accompanying Application Papers
1. <input checked="" type="checkbox"/> Fee Transmittal Form 2. <input checked="" type="checkbox"/> Specification containing 26 pages (including Claims and Abstract). <ul style="list-style-type: none"> a. Title: INTELLIGENT PATIENT INTERFACE FOR OPHTHALMIC INSTRUMENTS b. Number of claims: 73 3. <input checked="" type="checkbox"/> 5 sheets of drawings 4. <input type="checkbox"/> Declaration 5. <input type="checkbox"/> Sequence Listing <ul style="list-style-type: none"> <input type="checkbox"/> Paper copy (identical to computer copy) <input type="checkbox"/> Computer readable copy <input type="checkbox"/> Verified statement 	6. <input type="checkbox"/> Copy of assignment documents from parent applications 7. <input type="checkbox"/> Preliminary Amendment 8. <input checked="" type="checkbox"/> Return Receipt Postcard 9. <input type="checkbox"/> Small Entity Statement 10. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
SIGNATURE OF ATTORNEY/AGENT	
HELLER EHRLMAN WHITE & McAULIFFE LLP  Fred C. Hernandez Registration Number: 41,832	

Benefit of priority: Benefit of priority to U.S. Provisional Patent Application Serial No. 60/405,287 filed August 21, 2002. The subject matter of that patent application is incorporated into this application in its entirety.

CORRESPONDENCE ADDRESS	
NAME	Stephanie L. Seidman Registration No. 33,779 Heller Ehrman White & McAuliffe LLP
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FEE TRANSMITTAL ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. §1.53	Attorney Docket No.	39569-2667
	First named inventor	K. Siminou
	Express mail label #	EV175668860US
	Date of mailing	<u>August 18, 2003</u>

FEE CALCULATION FOR CLAIMS AS AMENDED

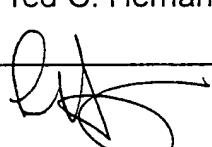
a) Basic Fee	\$750/\$375	\$ 375.00	
b) Independent Claims	<u>5</u> - <u>3</u> = <u>2</u>	x \$84/\$42	\$ 84.00
c) Total Claims	<u>73</u> - <u>20</u> = <u>53</u>	x \$18/\$9	\$ 477.00
d) Fee for Multiple Dependent Claims	= \$280/\$140	\$ 140.00	
	TOTAL FILING FEE	\$1,076.00	

Applicant is a small entity.

A check is enclosed in the amount of \$1,076.00 to cover the fee for filing the application.

Charge \$ _____ to Deposit Account No. 50-1213.

The Commissioner is hereby authorized to charge any fees that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

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Submitted by:				
Typed or printed name	Fred C. Hernandez			Reg. Number
Signature		Date	8/18/03	Deposit Account
				50-1213